

REDACTED - FOR PUBLIC INSPECTION
Rate Floor Data

| RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986 | | | | | |
|--|---|---|--|--|-------------------|
| Block 1 - Contact Information | | | | | |
| ROW # | DATA ELEMENT | | FORMAT OF REQUESTED DATA | RESPONSE | |
| 1 | Carrier Study Area Code | | 6 numeric digits | 290557 | |
| 2 | Carrier Study Area Name | | alpha characters | Century-Claiborne | |
| 3 | Service Provider Identification Number | | 9 numeric digits | 143001626 | |
| 4 | Residential Local Service Charge Effective Date | | mm/dd/yyyy | 6/1/2015 | |
| 5 | Contact Name | | alpha characters | Kenneth W. Buchan | |
| 6 | Contact Telephone Number (include area code) | | 9 numeric digits | (318) 362-1538 | |
| 7 | Sheet number | | numeric digit(s) | 1 | |
| 8 | Total Number of Sheets | | numeric digit(s) | 1 | |
| Block 2 - Residential Local Service Rates, Fees, and Line Counts | | | | | |
| | Column 1 Residential Local Service Charge | Column 2 State Subscriber Line Charge | Column 3 State Universal Service Fee | Column 4 Mandatory Extended Area Service Charge | Column 5 Loops |
| 9 | \$ 17.90 | NA | NA | NA | |
| 10 | \$ 17.90 | NA | NA | NA | |
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Rate Floor

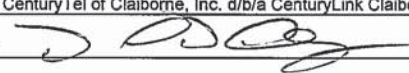
TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CenturyTel of Claiborne, Inc. d/b/a CenturyLink Claiborne

Signature of authorized officer



Date

6/1/15

Printed name of authorized officer David D. Cole

Title or position of authorized officer Executive Vice President of Operations Support and Controller

Telephone number of authorized officer: (318) 388 -9000, ext.

Study Area Code of Reporting Carrier

290557

Filing Due Date for this form
(mm/dd/yyyy)

7/1/2015